THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. LXI. Thursday, November 24, 1859. No. 17.

CASE OF DISEASE OF THE TRACHEA.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL, NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—The following case of disease of the trachea, displaying the curative power of the local application, by inhalation, of a solution of iodide of iron in laudanum, is in my opinion of sufficient importance to justify the forwarding the particulars for your pages.

Early in September, a gentleman applied for advice for a disease of his throat, which had existed about six months, causing much mental uneasiness, for fear of possible consequences; more especially as he had been under treatment the greatest part of the time, and had had the nitrate of silver applied daily for weeks, and taken internal remedies, without thus far having derived much, if any, benefit. A more robust and healthy-looking man is rarely seen; his chest was unusually large, and, on examination by auscultation and percussion, there was not found the least deviation from a perfectly normal state in every respect. He complained of a constant, uneasy, tickling sensation at the lower part of the trachea, placing his finger on the circumscribed point of suffering. There was a constant desire to clear the throat, by a frequent hacking cough, accompanied at times by slight expectoration.

On examining the throat, there was slight inflammation over the posterior part as far down as could be seen, but not sufficient to account for his actual condition. After due consideration, I did not hesitate to express the opinion that he had undergone too much medication by the too frequent applications of the caustic, which, though really valuable occasionally applied, will prove prejudicial in many cases from its too frequent use in rapid succession. I appreciate highly the use of this remedy, and am in the habit of using it when required; but certain am I that, frequently, instead of proving of benefit it does harm. So soon as any remedial agent becomes fashionable, it is seldom that it is not injudiciously resorted to on all occasions. Having employed this remedy on my own throat, hundreds of times, it is fair to infer that I have carefully watched its effects. For my patient I ordered a mild remedy in the form of a paste, to be used as freely as he chose by sucking it, and letting the accumulated saliva be used as a gargle before being swallowed. I also ordered a liniment of aqua ammonia, tincture of capsicum, and spirits of camphor, to be well rubbed on the throat several times a day, and on going to bed to apply a thick compress soaked in salt water to the front and sides of the neck, to be kept on all night, and when removed in the morning to rub the throat and chest with a coarse towel wet with salt water, finishing by dry rubbing. Continuing this course for some days, relief was experienced, as far as a decrease of the hacking cough, but the difficulty was not removed.

I had purposely avoided alluding to inhalation, believing it would not be necessary; but the persistence of the disease, in spite of the above remedies, after the lapse of a few days, it was considered improper longer to delay the use of the only remedy adequate to effect a perfect cure. He was directed to use, in my presence, a small portion of a solution of iodide of iron in laudanum, to allow me to judge of the effect, it being a strong remedy which occasionally I use with advantage, by means of a small inhaler proper for small quantities of the more active agents. No unpleasant effect was produced, and he remarked that he could feel the impression made by its action on the part affected. At the end of twenty-four hours, he called and reported that the point had been gained, that he had inhaled about a dozen times, a few inhalations at a time, as directed, and that he felt decidedly better, the uneasiness and hacking being already much less, and scarcely of any moment. He felt convinced that it would effectually cure, and such I am happy to say was the end of this troublesome local inflammation, as he informed me in about a week, when he left the city. Before leaving, he was enjoined on no account to neglect the morning and evening hard rubbing the throat and breast, with the coarse towel and salt water, which I think highly of as *the only means* of overcoming that proclivity to taking cold, so serious an obstacle to a perfect recovery in all affections of the respiratory organs.

A few remarks in reference to the high opinion I entertain of medical inhalation, may not be out of place. In 1827, I was forced to direct my attention to this subject, and since that time I have not ceased to employ it in private and hospital practice, with unquestionable advantage. It would indeed be strange were it not very highly appreciated, when I reflect on the fact that it alone effected a perfect cure in my own case, after having enjoyed the advice of the first medical men in the United States and France, after having used many hundred leeches to the throat, after being cupped at least one hundred times, suffered from blisters and tar-

tar emetic ointment to a great extent, and had in the throat and breast five setons worn through a space of almost two years, without more than keeping the disease at bay. It required, however, no little resolution, with the constant use of the inhaler for many years, as well as a great variety and large quantity of the most active medicines, before perfect health was obtained. This fact is noticed, to apprise some of my medical confrères that it is by no means an easy or quickly-accomplished task to derive from inhalation all the positive good that it does occasionally perform. Mark, I say not, *always*. In tubercular consumption, while in some cases the influence exerted by appropriate inhalation has been well marked, it is necessarily a vain hope to look for much, if any real benefit, when commenced in the last stage, with the constitutional and local symptoms of the worst form. But in the early stage, *in conjunction* with other remedies, which, as in other serious diseases tending to death, must vary to meet actual indications, and in diseases of the throat and bronchi, I consider myself justified in asserting that we have a right to anticipate real benefit and many actual cures.

The length of these remarks precludes, for the present, my desire of noticing some facts bearing on the real curative power of certain remedies for the treatment *and cure* of pulmonary consumption, which, for five years, in the wards of the Charity Hospital and in private practice, I have used quite largely. The general conclusion has been forced on my mind, that the disease, phthisis, is much more under the control of medicine, not neglecting the hygienic and dietetic resources—valuable, indeed, they are—than is generally believed to be the case.

In conclusion, allow me to remark, that in the communication forwarded last year, a case was given, with a true statement of all the remedies employed, and precisely the same remedies have been in daily use, to my entire satisfaction, and the decided relief, and by no means infrequent cure of well-marked cases of phthisis pulmonalis, and this, be it noted, without in a single instance having observed or known of the least real inconvenience, and but rarely the slightest nausea. An additional observation I am induced to make, after having carefully perused the able remarks of Dr. John Bell, in the Fiske Prize Essay contained in the last number of Dr. Hays's Journal, as regards the real benefits supposed to result from the constant employment of alcoholic liquors for the treatment of consumption, and that observation is, that, indirectly, the course of treatment which I do pursue is strongly confirmative of the position which by statistics he has conclusively proved—for, except under such circumstances that it matters little what may be allowed to afford comfort, not one drop of alcoholic or malt liquor is allowed to my consumptives, as long as curative efforts are being resorted to. I know well that in all cases of phthisis, a supporting, tonic, or building-up system is required to counteract the characteristic depressing influence of the disease; but I am equally certain, that, as a general rule, the use of stimulants is contra-indicated. In the use of tonics, both mineral and vegetable, in conjunction with other remedies, to be hereafter specified, I sincerely believe I have been enabled to practically prove the controlling power of medicine over phthisis. It may be that you will consider me over-sanguine; but believing facts will bear out my opinions, such as they are, I think it my duty to promulgate them.

BRONCHOPHONY—LAENNEC AND SKODA.

[Concluded from page 318.]

If, indeed, consolidated lung parenchyma were inferior to the healthy lung tissue in sound-conducting power, we should have less thoracic voice in the former than in the latter state, as "the rule"; since, no matter whether the laryngeal voice reach the parenchyma mainly by propagation along the walls of the air-passages, or exclusively through the medium of their contained air, it must pass the parenchyma before it becomes bronchophony, and ought to lose in intensity in passing to the walls of the chest in proportion to the loss of conducting power of the parenchyma by condensation. This point, however, appears to have been overlooked from confounding the aerial voice of the bronchi with that which is heard by the auscultator, as regards their intensity.

But sound once formed in solid bodies being transmitted through them with great intensity and rapidity, and the route of the voice from the walls of the larynx to the walls of the chest, through the solids, regarded as a single medium, being approximated to that uniformity of physical constitution throughout, by union of the bronchial walls to the walls of the chest by condensed parenchyma, which constitutes the perfect conductor of sound, the question is not, indeed, so much whether air or solid bodies be the best conductors of sound; nor is it whether the aerial vibrations of the larynx pass into the chest through the medium of the air of the trachea and bronchi, which cannot be doubted: it is whether, between the two given points, the larynx and the walls of the chest, the voice, already formed both in the walls of the larynx and its contained air, passes mainly through the walls of the air-passages and condensed parenchyma, or into the chest exclusively through the medium of the air of the air-passages to be re-produced in the walls of the bronchi—whether between the two points the sound passes mostly through the single medium or exclusively through the two media.

"Physics teach us," according to Skoda, that "sound is always reflected in passing from one medium into another," and that "less sound enters into the new medium than would have been propagated through a corresponding space of the one in which it was originally excited." Less sound, then, enters into the bronchial walls from their contained air than passes from the walls of the larynx along the continuous and connecting solids to the walls of the chest. Also, "sound passes more readily from the air of the air-cells and bronchial tubes into the parenchyma of healthy lung, than it does from the air of the larger bronchial tubes into the consolidated tissue of an hepatized lung." The hepatized lung, then, would lessen the thoracic voice, if, as Skoda and others maintain, the sound passed into the chest through the medium of the air of the trachea and bronchi alone.

Dr. Herzka,* assuming that loss of vocal expiratory power is a constant accompaniment of increase of the thoracic voice in condensation of the lungs, supposes that the increase of the voice depends upon the greater facility with which it passes to the hepatized lung, or condensed parts of the lung, on account of the air in the bronchi supplying those parts being at rest, in speaking. But does not sound pass more perfectly from one given point to another through a single medium than through two media, the media being "at rest"? Again, if the outward current of air in speaking had the supposed effect in preventing the passage of the voice to the lung parenchyma in its healthy state, the sound from the larynx must reach the bifurcation of the trachea with an intensity essentially diminished in all states of the lungs; since the outward current in the trachea is the same, the laryngeal voice being of uniform force, whether the source of the expired air be one or both lungs. And when the sound reaches the parenchyma, according to Dr. Herzka, "the compressed or infiltrated part of the tissue has no strengthening power for the voice, it cannot make the voice stronger than it receives it"; on the other hand, if he is correct in his opinion as to the disproof of Laennec by Skoda, the condensed part must diminish the intensity of the voice according to its loss of conducting power. The thoracic voice of condensed lung should therefore be less than that of healthy lung, and from the effect of the outward current in the trachea alone, it never should equal in intensity the laryngeal voice, which it is said sometimes to exceed, and according to the "established principles" the voice must pass with more difficulty to the surface of the chest through the air of the air-tubes and solids than through the solids alone, if the columns of air be entirely at rest; yet the trifling circumstance of the air being at rest in the bronchi only is made the cause of the variations in intensity of the voice at the surface of the chest. Skoda more ingeniously supposes the laryngeal voice to be reinforced within the bronchi of the hepatized lung. According to him, condensation of the lung tissue, as regards its conducting power, tends to lessen the thoracic voice. The consonance of the voice, however, is stronger in the bronchi of condensed than that of healthy lung parenchyma. But no matter what intensity the aerial vibrations of the tubes may have, the sound is nil to the auscultator, unless it be re-produced in the walls of the tubes also, and transmitted. Accordingly, it is assumed that "the walls of the bronchi vibrate, when the voice consonates in them, just as the walls of the larynx do," in speaking. "The vibrations thus excited *may* extend to the walls of the chest," &c. This assumption, that walls of the bronchi vibrate, as an effect of the waves of their contained air, with an intensity sufficient to account for the increase of the voice at the surface of the chest, if not distinctly made by others, must be shared by all who maintain the exclusive passage of the voice into the chest through the air of the trachea and bronchi; as the sound, whether strengthened within the bronchi or not, can pass to the surface only by vibrations.

---

* "The most marked pectoriloquy of the *loud* form," says Walsh, "without hollow and ringing character, I have almost ever heard, existed over a fibrous nodule in the pleura—the lungs being healthy and simply slightly condensed at the spot by pressure."—*On the Heart and Lungs*, p. 137. Is it probable that the lung was affected with loss of vocal expiratory power?

"The walls of the bronchi vibrate, just as the walls of the larynx do." But it is not sufficient to assume that the bronchial vibrations are equal only in intensity to those of the larynx, if the comparison is intended to give an idea of their strength. They are farther from the surface than the laryngeal, and have to traverse a more complex medium. If, then, the sound at the surface of the chest is derived entirely from the bronchial walls, no matter whether the vibrations of these walls be propagated from the walls of the larynx, or re-produced, they must be stronger than the laryngeal, when the thoracic voice is equal to the laryngeal in intensity. If consolidated lung tissue is a poor conductor, and the thoracic voice sometimes exceeds the laryngeal in intensity, these facts should be taken into account also. But if sound formed in solid bodies, in general, is transmitted through them with great rapidity and intensity, are not the vibrations of the solid larynx propagated along the walls of the air passages? This medium for the transmission of sound, in regard to the physical characters of homogeneity, continuity and uniformity of structure, must be admitted to be superior to that from the bronchial walls to the surface of the chest. Yet no difficulty is perceived to the passage of the sound through the latter, while its passage through the former is denied. The contiguous solids and general coverings of the chest must also, of physical necessity, participate in the propagation of the laryngeal voice. On the other hand, the known fact as to the feeble effect of sonorous waves in the air, in general, justifies the conclusion that the aerial waves of the bronchi can contribute in but a still inferior degree to the thoracic voice either of healthy or diseased lungs.

Consonant sounds in the air do not constitute exceptions to the general fact as to the relatively feeble effect of aerial waves upon solid bodies. It does not appertain to aerial vibrations of any sort, consonant or original, to re-produce sound in solid bodies, even the most susceptible of sonorous vibrations, stronger than the original. If a musical note in the air be strengthened by an open-mouthed bottle, or tube open at one end, brought into relation with the note, it is the air of the bottle or tube that vibrates in unison with the note and reinforces it. The walls of the bottle or tube are not thrown into sonorous vibrations by the waves of the original note, or not in a degree to render them musically sonorous. The fact suggests that the air of the bronchi may vibrate in unison with that of the larynx, and with greater intensity, perhaps, because of its confinement; nothing more. We ordinarily listen to consonant sounds also in the air, the medium in which they have their origin, and the medium which is alone capable of being excited to sound in unison with an original note, and by the mechanical impulse of its waves in the air, the result being a consonant note stronger than the original, and that only when it occupies confined spaces of definite size and form. It is a different thing to listen to such sounds through the more sonorous walls of the confined spaces, and these surrounded by "non-conducting" solids of several inches thickness. "Theory would suggest" precisely what observation confirms, according to Walsh, Flint and others, that if such reinforcement of the voice take place within the bronchi, it cannot affect the sound materially at the surface of the chest; since, if particular notes of the voice are increased within the bronchi, particular ones only being capable of increase by consonance, the increase is not heard at the surface of the chest, all the notes there being increased. Those solids which are the most susceptible of sonorous vibrations are, of course, the ones that should be the most easily excited to sound by sonorous waves in the air. "A guitar-string yields a musical note," says Skoda, "when a similar note is sounded upon another instrument in its neighborhood." But the re-produced note is feeble when compared with the original. If the fact proves anything, it is that the vibrations of the bronchial walls excited by the propagated waves of their contained air, could be but feeble compared with those of the walls of the larynx, even were the bronchial walls as susceptible of sonorous vibrations as is the guitar-string.

Skoda embraces under the head of consonance, reflection of sound also, as it occurs in confined spaces where the sound originates. "The human voice, and every other sound," he says, "is much weaker in the open air than in a room." The more dense the bronchial walls and lung parenchyma, the more do they reflect the sound from the larynx, according to him. In reference to the matter of reflection of sound, his position is, that the sound from the larynx is not only increased within the bronchi by reflection from their surface, but also at the surface of the chest—that the bronchial walls vibrate with an intensity directly as they reflect the waves from the larynx. That is to say, a part of the laryngeal sound being reflected, and a part transmitted; the greater the part reflected, the greater also is the part transmitted. The voice in the room, however, appears to be strengthened to a listener in the room, by its reflection by the walls of the room, at its expense to one outside. Walsh's theory of the increase of the voice within the bronchi by reflection of sound, differs from Skoda only in supposing that the waves from different parts of the lung concerned, meet in some large bronchus, the result being an increase of sound at the focal point, an echo. The objection is, that the ear should be at the focal point to appreciate the echo, not outside the chest.

The assumption of the vibrations of the bronchial walls by Skoda, was necessary to carry out an hypothesis unduly entertained, and to give the appearance of completeness to his views. "Physics teach us, however," according to Skoda, that "sound does not readily pass from the air into dense bodies," and that "the more solid a body is, the more difficult is the passage of sound from the air into it;" also that "sound is always reflected in passing from one medium into another," and "the more dissimilar the media are, in respect of density and cohesion, the *greater* is the reflection of the sound, and the *less* freely does it pass from the one into the other." The more dense the lung tissues, then, the less freely does the sound from the air of the bronchi pass into them; or the more dense the tissues, the more feeble the vibrations excited in them by the aerial waves of the bronchi.

CASE OF OBSTRUCTION OF THE SUPERIOR LONGITUDINAL SINUS.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case, illustrating the above condition, is thought by the writer, from its extreme infrequency, to present some points of interest.

Aug. 24th, 1858.—A little girl aged eight years, the daughter of S. P., a Frenchman, was under a tree in which was a boy busily engaged knocking off the fruit with a stick some five feet long. Accidentally dropping the stick, it fell perpendicularly upon the girl's head, directly in the median line. Blood poured forth in a large stream, and, but for a physician near at hand, who was present in a few minutes and arrested the hæmorrhage by means of compression with the finger, she must have died in a very short time.

An examination into the nature of the wound resulted in finding a triangular depression of bone into the superior longitudinal sinus, at about the middle of the sagittal suture. The fragment was depressed from behind forward, and the depression admitted easily the end of the index finger. Several attempts were made to elevate it by means of the elevator, but were followed by the recurrence of such alarming hæmorrhage as to compel us to desist, and to press the fragment back again into the sinus that the patient might not expire upon the table. The child was already nearly ex-sanguine, and the resources of our art being exhausted, it was determined to leave the case to nature. Of course, death was the only rational prognosis. Contrary, however, to the prognosis of physicians, and adding another to the many anomalous cases of recovery from serious injuries to the cranium or its contents, the child recovered rapidly, without the supervention of inflammation, and is now in good health.

The fossa or depression yet remains, and is the only trace or sequence of the injury.

What renders this case more particularly interesting is, that here, as in the case of Dr. Isaacs, which was reported at the last session of the New York State Medical Society, by Dr. C. S. Goodrich, and is included in its Transactions, there must have occurred a complete obstruction of the venous circulation in the great sinus.

In Dr. Isaacs's case the obstruction was the result of the slow growth of a tumor obliterating the sinus for several inches, the circulatory change being therefore effected gradually, and, as might be expected, without any disturbance which could be attributed to this cause alone.

In the above detailed case, the obstruction was sudden and apparently complete; the depressed fragment forming a perfect and permanent dam to the current of blood in the sinus, and yet there resulted no discoverable impairment of function.

The case is interesting as illustrating the facility with which veins and sinuses within the cranium may take upon themselves vicarious duty without serious results. D. W. Hershey, M.D.

Williamsville, N. Y., Nov. 15, 1859.

Correspondence.

Edinburgh, October 26, 1859.

Messrs. Editors,—My last communication was indited from the extreme south of Scotland, and related to the dietetic peculiarities of various nations; from the south, my course has been, as you perceive, northerly, and while *excelsior* as to latitude, I might, in this gem of cities, attain to a higher flight than the subject of gastronomics can prompt, and that without much effort of fancy, for "Auld Reekie" has lost none of its outward beauty; and the charm which invests its romantic history and associations, seems as vivid and powerful as when the Wizard of the North first wove his spells and sang his lays. But, for your staid and practical pages, some professional impressions will be more appropriate—accept such rapid observations as I have had opportunity to make.

It has been my good fortune, under the auspices of a most kind introductory note from Professor Storer, of Boston, to make the valuable acquaintance of Professor Simpson. Aside from the inestimable information I have derived from him by personal interviews—and especially with regard to the case of a patient of my own—I cannot forbear adding my hearty testimony to that of so many others who have spoken enthusiastically of this truly remarkable man. No one who has been privileged, like myself, with an introduction to the hospitalities of his elegant mansion, and at the same time has enjoyed the benefit of his professional skill, can fail to be at once delighted and instructed. I hardly know which to admire most—the calm, yet quick and easy way in which he makes his examinations and arrives at his diagnoses, or the courteous and pleasing manner with which he receives every one of his numerous visitors—so skilfully adapting himself to the requirements of each, whether they are patients or guests. He seems to forget nothing, and he loses no time—and so well does he manage and apportion his avocations, that an immense deal is accomplished. He truly deserves the great success and wide-spread reputation which he has obtained. His genial manners and his genuine tact and skill in determining lesions and disorders, at once attach his patients to him, and impress them, no less than the professional beholder, with a sense of his consummate ability. I am well aware that what I am stating is not new to most of your readers, but I cannot refrain from recording my own experience and impressions, and acknowledging my special indebtedness to Professor Simpson. The different gentlemen of our profession in the United States, who have visited Professor S., are all remembered by him. Inquiries for Dr. Channing's health were addressed to me yesterday, and the names of the Storers, and of Drs. Warren, Putnam, Jackson, Hayward and others, were mentioned. Dr. George Hayward, Jr., has recently visited Prof. S., and I have also had the pleasure of receiving two letters from him since his arrival in Europe.

During some two or three hours stay at Prof. Simpson's house today, I noted the somewhat rare case of "floating kidney," and witnessed the operation for rectification of anteflexio uteri, as also that of introducing a solution of morphia beneath the integument of the left side of a female patient, for the relief of local pain. The solution was thrown in by means of a small syringe, the sharp point of which easily perforated the skin. About twenty drops were used.

Last evening I called upon Dr. Wm. Husband, 28 Clarence Street, and without introduction; having determined to acquire from him personally, if possible, whatever information I could, relative to his method of preserving vaccine lymph in capillary glass tubes. I first became acquainted with what Dr. H. has already done in this respect, through our mutual friend, Dr. Hodges, of Boston, who some time since showed some of these minute tubes at a meeting of the Suffolk District Medical Society, and explained the mode of using them, as communicated to him by Dr. Husband, to whom he had written on the subject, and who forwarded to him the specimens exhibited to the Society. I spent an hour very pleasantly and profitably with Dr. Husband at his house, in conversation upon this interesting and important topic. I have previously referred to the method as that of Dr. Husband, and it is truly so: for, although the plan had been previously tried, after a fashion, he has perfected the tubes and attained the most satisfactory results with them, both as to the preservation of the lymph for a long time, in a fluid state, and also in the skilful use of them in vaccinating. Dr. H. showed me the work of the French writer Bosquet on the subject of vaccination, with which I was not familiar. Bosquet, who was employed by the French government to investigate the subject, used tubes of a somewhat bulbous shape at one end. His success was not such as greatly to encourage him, although he ardently pursued his researches, and his book is a good one. Dr. Husband has modified the shape of the tubes, and the following brief summary will give an idea of the plan adopted, and of the success he has met with. Those who heard Dr. Hodges explain the process of charging the capillary tubes and of subsequently sealing them, hermetically, in the flame of a lamp, will remember the simplicity of the process. Through the kindness of Dr. Husband, I had, to-day, an opportunity of seeing him charge the tubes and seal them, and also of going through with the process myself, under his direction. I also witnessed his method of vaccination, at the "Royal Public Dispensary," West Richmond Street. Slight scarification of the skin of the arm is practised, and the lymph, blown by the operator's breath from the previously broken end of the capillary tube, is rubbed for a few seconds over the abraded—or rather *slightly scratched*—surface. Failure is exceedingly rare, and the procedure is much less painful than that by puncture, as usual in the United States and England. The individuals I saw vaccinated to-day—one a young infant—made no complaint whatever; or at least next to none, and that in the case of the child only—not even shrinking. The loud cries of children under the other process—puncture and insertion of quills—all medical men can bear witness to. At the National Vaccine Institution, London, the operators insert ivory points imbued with lymph, and the number of *five* points is required, by law, to each patient. The success attained is but very indifferent. That commanded by the method I to-day witnessed at the Infirmary, is so signal and constant that it must, in my opinion, become, in time, universal. The little glass tubes require care in forming, as to pattern, &c.; but they are afforded here at a very cheap rate, and I intend bringing home several hundred of them. Three hundred may be procured for about seventy cents. I also purchased to-day a scarificator (or *scratcher*) and lancet combined, a neat little instrument, which I hope to show, bye and bye, in Boston, and to demonstrate its use, and the process of charging and sealing the tubes—if any practitioners are interested to see it. The delicate little glass cylinder is very easily managed—both as to sealing and subsequently using its contents; but the process, although excedingly simple, requires to be conducted *in a certain manner*, and with care, or, simple as it is, the experimenter will fail, and either the tube will explode (a harmless, infinitesimal explosion, as Dr. Husband characterized it), or the ends will not become hermetically closed.

Not to enlarge further upon this subject, I will briefly mention some statements by Dr. Husband, and will add that he is preparing for publication an account of his experiments and conclusions, which cannot fail to prove most valuable and interesting. In the mean time, he will feel greatly obliged to any persons who can furnish him with reliable statistics relative to the time during which vaccine lymph, *as ordinarily preserved*, maintains its power of producing a genuine vesicle, in *warm and hot* countries, or in the hot weather of the more temperate climes. He claims for his own method of preserving the lymph (the tubular) a decided superiority over everything yet tried, and this in any climate; and, if I rightly understood him, he has yet to learn that great heat has at all affected the virtue of lymph thus kept.

With regard to the periods during which Dr. Husband is personally cognizant of the preservation of the lymph in capillary tubes, in full efficiency, he mentioned to me the following: four, five and six years, and seven years and three months. The latter is the extreme time he has himself known; but nine years has been attested to by another Edinburgh physician, and possibly a longer time may be known by other medical men, here or elsewhere. At all events, there is no reason why it may not be even longer, or *ad infinitum*, preserved; as it would seem wholly protected from deteriorating influences by its effectually sealed condition. The great benefit thus conferred upon the profession, and upon mankind generally, is sufficiently evident.

Dr. Husband considers it quite indifferent, practically, whether a common lancet (not necessarily, nor even desirably, so sharp as when used for venesection), or the scarificator I have mentioned above, be employed; a little cluster of incisions, or scratches, rapidly made, being all that is required. This is done in two or three (more commonly *two* only) places upon the left arm, and the lymph is then rubbed on, as previously stated. As little blood as possible should be drawn—none, if it can be avoided, consistently with efficiency. Mr. Ceeley, so well known in England—and indeed everywhere—for his research and zeal in regard to vaccination in all its details, is convinced of the superiority of Dr. Husband's method, and has adopted it in his own practice. I may mention that Dr. Graham Weir, of Edinburgh, devised the little vaccinating instrument I have mentioned; it has the merits of simplicity and convenience in a marked degree.

And now I think your pages, if not yourselves and your readers, are well pervaded with vaccine lymph, and hedged about with vaccination paraphernalia; and I dare say you will think me *inoculated*, doubly and deeply! Hoping to break out upon your snowy weekly surface, in another form, at some future time, I here bring this eruption to a close, and remain Very truly yours, VIATOR.

Bibliographical Notices.

Transactions of the Medical Society of the State of Pennsylvania, at its Eleventh Annual Session, held in Philadelphia, June, 1859. New Series, Part IV. Philadelphia: 1859. 8vo. Pp. 120.

THIS pamphlet contains the record of the annual meeting of the above Society, the address of its President, Dr. Smith Cunningham, and reports from various County Committees, relating chiefly to epidemics, and also detailing interesting cases in private practice. The volume speaks well for the state of the profession in Pennsylvania, as showing a well-organized State Society, which is becoming yearly of more importance. From the county reports we extract a few interesting cases.

Dr. Holmes, of Bradford County, reports a case of *Death from Emotion*; a man committed suicide in a fit of delirium tremens, by severing both primitive carotid arteries effectually with a razor, in the public house of Mr. A. E. S. The latter, on beholding the horrible sight, fell instantly dead on the floor. Every possible means for his restoration were immediately put in execution, such as frictions, galvanism, opening the jugular vein, warm bath, and artificial respiration, but all in vain. A case of *Puncture of the Bladder above the Pubis*, is reported by Dr. Schneck, of Lebanon County. The patient had had urinary trouble for ten years, and the present retention had existed for thirty-six hours. The introduction of the catheter being found to be impracticable, the bladder was punctured over the pubis, and for two weeks the urine passed through the canula. "At the end of this time the urethra again became pervious; and the canula being now withdrawn from the puncture, the patient urinated as before, with perfect control of the sphincter." He died, four weeks afterward, from dysphagia, from paralysis of the faucial muscles. The post-mortem examination revealed a "monstrous prostate," which is called "scirrhous." The age of the patient is not stated.

The same physician reports a case of *Tubal* or *Interstitial Pregnancy*. A young woman, between two and three months advanced in her second pregnancy, was seized during the night, apparently from the effects of indigestible food, with diarrhœa and long-continued retching, attended with severe pain. In the morning, while vomiting, she suddenly complained of sharp pain, and felt as though *something had given way* within her; she then became easier, but began to be faint. When Dr. Schneck reached her, he found her dying. She was bloodless, pulseless, cold, but conscious. Stimulants, artificial warmth, everything were alike ineffectual; death occurred in the middle of the afternoon. An hour before death, a slight discharge of blood *per vaginam* was noticed; and five hours after, the abdomen was greatly distended, and had that doughy, inelastic feel, that might be produced by the presence of a large quantity of coagulated blood in the peritoneal cavity. No *post-mortem* examination being permitted, the diagnosis must be regarded as conjectural, but, as Dr. Schneck observes, the symptoms admit of no other possible explanation.

The following novel mode of treatment of typhoid fever, is reported as having occurred in the practice of Dr. J. M. Irving, in Mercer County. The case, that of a young Dutchman, had become very low. The doctor called one morning, and found him in a state of collapse, and unable to swallow. He thought him dying, but determined to make an heroic effort to get up reaction. He therefore ordered his Dutch attendant to administer the following injection, once in two hours, to wit:—a heaped teaspoonful of capsicum, two tablespoonfuls of turpentine, two ounces of brandy, and ten grains of quinia; and left the house. A few hours afterward he called again, and the attendant met him at the door, exclaiming, "Doctor, he will not take the medicine. He constantly bites the instrument. He took the first dose, but not the others." He went in, and found, to his astonishment, that the Dutchman, who, it seemed, was entirely ignorant of the use of the syringe, had mistaken his directions, and had forced the above dose down the patient's throat, *nolens volens*, and reaction had come on to such an extent as to enable the poor patient to make some resistance on the second attempt, which he did by biting as lustily as possible at the pipe of the syringe. The injection was the turning point with the patient. He recovered, and Dr. Irving was led by the result to adopt a much more stimulating practice than before, and he always afterward gave capsicum and brandy freely in low forms of typhoid fever, with very good success.

The last case we shall quote is one of *Successful Treatment of Tetanus, by Chloroform.* The disease supervened forty-eight hours after a wound from a pistol-shot. The remedy was administered, by inhalation, at intervals, for several days, with relief to the symptoms, and the patient recovered.

Description of a Deformed, Fragmentary Human Skull, found in an Ancient Quarry at Jerusalem. By J. Aitken Meigs, M.D., &c. Philadelphia: 1859.

This paper, consisting of an attempt to determine, by its configuration alone, the ethnical type of a mutilated skull, appears to have been read before the Academy of Natural Sciences, at Philadelphia. It is a masterly effort, displaying great erudition on the part of Dr. Meigs, and establishing, with much probability, from the most imperfect data, the place which the individual to whom the specimen appertained, should occupy, among the races of men.

Nature and Art in the Cure of Disease. By C. B. Coventry, M.D., Emeritus Professor of Physiology and Medical Jurisprudence in the University of Buffalo. Read before the Medical Society of the County of Oneida. Utica: 1859.

This address is intended as an answer to the works of Sir John Forbes and Dr. Jacob Bigelow. We believe that the author differs from neither of these gentlemen in his estimate of the powers of medicine, and of the scope of the physician. He says, "it is believed that most practitioners will admit, that in all cases where some definite good, or some precise object is not to be accomplished by the administration of medicine, it is better to abstain from its use, and trust the cure to nature, aided by such regulations of diet, air and exercise, as the experience of the medical profession and of the individual practitioner may direct." "Many diseases require no medicine; a removal of the cause, rest and abstinence is all that is required. Many others, no doubt, if left to themselves, would in time subside, without any aid from medicine. It is, however, equally certain that the timely interference of art in the early stage of a disease will often check and arrest its progress, or convert into a mild, what would have otherwise been a severe, if not fatal disease." "As much skill is necessary in a pilot to manage his vessel safely through a storm, when no harbor is nigh, as to run her safely into port, when that is possible. So, just as much experience and skill is necessary to conduct a patient safely through a self-limited disease, as to arrest or cut short a disease where this is possible."

Surely neither Sir John Forbes nor Dr. Bigelow could say more than this, and it is evident that while all agree in regard to the powers of the healing art, the difference between them is the way of expressing it. According to Dr. Coventry, the authors have a mean and contemptible opinion of their profession. He is convinced that the work of Sir John Forbes (Nature and Art in Disease) "is a labored effort to destroy public confidence in the medical profession," and he says, "certainly no member of the profession can read either the works of

Drs. Forbes or Bigelow without feelings of mortification and humiliation." He admits, however, that the views of these writers have not generally been condemned by the medical periodical press.

We are at a loss to account for the hostility which animates Dr. Coventry against these two writers, since he so completely agrees with them in the most essential points. If he cannot go all lengths with them, there would seem to be no reason for accusing them of treachery to the profession of which they are ornaments, and whose standard they are seeking to elevate, not by depreciating it in the eyes of the community, as he asserts, but by eliminating from it all that tends to impede its progress. Except for the sentiments toward these gentlemen which are expressed in it, we consider Dr. Coventry's address as a very able and sensible production.

On the Diseases and Injuries of the Joints; Clinical and Pathological Observations. By Thos. Bryant, F.R.C.S. London: John Churchill. 1859. 12mo. Pp. 273.

The author of this book is already favorably known to the public by his statistics of amputations, derived from the Records of Guy's Hospital, they being the most recent, complete, and, according to the appreciation of reviewers, correct and elaborate, which have yet been drawn up. He now presents us with another work, prepared from the Records of the same Hospital, where his position for the last five years as Surgical Registrar, has afforded him especial facilities for the compilation of cases and facts. Relying almost exclusively upon such data as this single source has furnished him, Mr. Bryant does not intend that his work should be considered a complete treatise; but although many subjects are lightly passed over, and others not touched upon at all, the book may still, in some measure at least, be considered as the exponent of the principles and practice of one of the chief London hospitals.

The author's attention seems to have been chiefly directed to the pathology and microscopic anatomy of diseased joints; and for information of this character we know of no book so complete and satisfactory. The pulpy and gelatiniform degeneration of the synovial membrane, and the inflammatory affections of the articular extremities of bones, are described with great clearness and minuteness, and the chapters devoted to them are a valuable contribution to the literature of a frequent and difficult class of cases.

But we can hardly say that Mr. Bryant has done much to facilitate their diagnosis. Nothing is more deceptive than disease of the joints. It is within the experience of all to know of joints examined after amputation, where the disease was almost *nil*, and to have seen limbs condemned to amputation, which obstinacy in submitting to the advice of his surgeon has enabled the patient eventually to preserve, anchylosed, perhaps, but still saved, and better by far than any which the ingenuity of "compensatory art" has yet produced.

These facts Mr. Bryant is fully aware of, and he lays great stress, as he well should, on the effects of patience, hygiene and constitutional treatment. He admits that Time is a ruler in surgery, as powerful as elsewhere; modifying constitutions, changing diatheses, and curing diseases, which more than once, perhaps, the saw and the knife have itched to remove. That this truth is appreciated in London, is shown by the establishment of an infirmary at Margate, for the reception of patients requiring hygienic treatment, from the metropolitan hospitals. The wonderfully invigorating influence of the seashore is shown in no diseases perhaps more than in those of bones and joints. Taking this view of the rational treatment of diseased joints, it is to be regretted, therefore, that mercurials should not figure a little less, and opiates a little more, in Mr. Bryant's book.

We quote the following passages as expressive of Mr. Bryant's opinion of the method of forcible flexion and extension in the treatment of anchylosis, so zealously advocated by Mr. Brodhurst, and which, especially in this country, has been so generally denounced.

"In cases of stiff and anchylosed joint, following suppuration of the cellular tissue external to the joints; in others, which are generally described as rheumatic inflammation, and in cases of disease of the joint of a recent character, there can be no doubt that forcible flexion, under the influence of chloroform, is the treatment which is most applicable and successful; in the two former classes of cases, mobility may generally be restored, in the latter this result may occasionally be produced, but it is not to be expected as a rule." "Out of sixty examples which my note-book yields of partial anchylosis of the large joints, relieved, or rather cured by treatment, seven are of the hip, fifty-two of the knee, and one of the elbow."—Pp. 125, 129.

There is a very excellent chapter on "loose bodies in the joints," and another upon Bursitis. The removal of the enlarged bursa in front of the patella, instead of being the severe operation it was once thought, appears to be almost always successful. Mr. Bryant mentions eight cases operated on with success. In describing the operation, a case is mentioned where "the incision was made upon the outer side of the tumor, and semicircular, with the convexity outward; and when the wound had healed, the cicatrix was situated on the outer margin of the patella, and thus out of all harm's way from kneeling." This suggestion seems worthy of note.

The mode of production of dislocation of the shoulder is thus spoken of:—

"In thirty-three out of thirty-four cases the cause of the injury was a direct fall upon the shoulder, either forward, backward or outward; in two instances only of dislocation downward, and in one of dislocation downward and forward, was the bone displaced by a fall upon the extended arm. It is thus clear that a direct blow upon the bone itself is generally the cause of dislocation."—P. 224.

We quote this passage, because we have heard it confidently asserted that diagnosis of dislocation from fracture might be made from the manner in which the accident occurred, a direct blow on the shoulder *never* producing dislocation.

We are somewhat surprised to find but a mere reference to the production of pus in the joints after catheterism, an accident first described by Velpeau, not many years since, and which, in hospitals at least, is not of infrequent occurrence. Gonorrhœal arthritis is dismissed almost as summarily, and yet the relations of cause and effect in this form of disease are hardly sufficiently settled for an author to pass it by without consideration of the arguments, *pro* and *con*.

The second part of Mr. Bryant's book treats of injuries of the joints. We are not inclined to think that the few chapters in which this subject is disposed of enhance at all its value; their introduction savors a little of book-making. It is by the first part that the author will be judged, and in commending this to our readers, with the remark that Mr. Bryant differs in many essential particulars from other recognized authorities, we cannot forbear to express the hope that the success which his first efforts have met with will not so pervert his discretion, that in his ambition to win position as an author, he will too hastily and superficially work up the matter which his official position gives him such splendid opportunities to gather.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 24, 1859.

OPIUM A SUBSTITUTE FOR ALCOHOL.—At the late meeting of the British Association at Aberdeen, Scotland, some novel views on the subject of the effects of opium, when taken habitually, were broached by Sir John Bowring, whose long official residence in China entitles his opinion to considerable respect. According to him, but little danger accrues from the moderate use of this drug: like everything else, it is only pernicious when it is abused. All nations are found to partake of stimulants of some description, whether it be in the shape of tea, coffee, opium, wine, beer, spirits, tobacco, or tonic medicines, and before the introduction of opium into China, the inhabitants of that country were much addicted to intoxicating drinks, the effects of which were far more pernicious. Sir John Bowring even went so far as to say that "the introduction of opium has undoubtedly produced a moral change among the Chinese people," by withdrawing them from the greater evils of alcoholic intemperance. He declares that "he had scarcely ever seen a drunken Chinaman; yet the edicts of the Emperors a hundred years ago were filled with all sorts of threats and punishments, in consequence of the numerous crimes arising from intemperance." It is just a hundred years since the East India Company commenced its reign in India, and since the traffic in opium with China began. So far from the use of opium being accompanied with the immense evils which have been ascribed to it, "the truth is, that while almost every Chinaman consumes it, to a greater or less extent, the number (obtained from carefully collected statistics) of deaths from its abuse amounts to not more than four per annum, out of 90,000."

Certainly this opinion differs wholly from that entertained by the great majority of thinking people who have looked into the subject, and when we consider of how much importance to Great Britain is the opium trade (for the value of the opium exported last year from India to China was £8,241,032, or nearly forty million dollars), it should be received with some reserve. The injurious effects of opium when taken in excess are unquestionable, and it seems reasonable to suppose that even when taken in moderate amount, if habitually indulged in, it cannot fail to prove pernicious, both to the body and the mind. In one respect, the effects of intoxication from opium are perhaps more favorable than of that from alcohol—they are passive, while those of the latter stimulant are active. The opium-eater does not manifest the destructive propensities of the spirit-drinker; he becomes incapable of continued corporal or mental effort, he sinks into a miserable lethargy, but he has no disposition to do violence to those about him. But though the effects of the habitual use of opium are less violent than those of alcoholic intoxication, we believe they are none the less deleterious to the individual, or less dangerous to the nation. The two drugs, when taken to excess, produce the same moral degradation, and an equal, if not similar, physical degeneration. If England wishes to institute moral reformation in China, there are much better ways of doing it than by supplying the inhabitants with opium. If any substitute be thought advisable for intoxicating drinks, cheap wines are infinitely preferable to narcotics. Drunkenness is as rare in Spain and Italy as it is in China, but neither the Spaniards nor the Italians are opium-eaters.

The Hartford Bayonet-wound Case.—We had intended to say nothing further in regard to the case of bayonet-wound at Hartford: but having, at the suggestion of friends who have taken no part in the controversy, reviewed all which we have published concerning it, we feel bound to express our regret that we should have admitted to our pages, and allowed ourselves to comment on a report not prepared by an eye-witness, and having so strong a savor of personality.

We regret also, if our remarks on summing up the evidence, after publishing the reply to the original article, have seemed to do injustice to the gentlemen having principal charge of the case; for, without implicating the veracity of either party in the controversy, yet, where one or the other evidently must have been mistaken, the requirements of medical ethics would plainly oblige us to respect the judgment and opinions of the physicians in regular attendance; even though the facts might seem, to one less intimately associated with the case, to warrant a different interpretation.

We believe both parties have prepared additional statements of their own views of the case; but in our judgment enough has been inserted in our pages to enable readers to form their opinion, and we deem it better to rest the discussion at this point, rather than to have it indefinitely prolonged.

Medical School of Maine. *Messrs. Editors.*—In the number of your Journal for October 13, which was placed in my hands last evening, I find an article signed "Hufeland," which seems to require a passing notice. He arraigns before the public the Trustees of Bowdoin College as having done violence to "the unanimous feeling and sentiment of the medical profession" of Maine, by accepting a grant from the Legislature of a half township of timber land!

Why this should be regarded as such a heinous offence, he does not in terms inform us. But he goes on to argue that pupils in medicine ought to be required to study with a "regular" practitioner, leaving it to be inferred, by necessary implication, that, in consequence of their acceptance of said grant, no such requirement is now, or can hereafter be made by the Medical Faculty of Bowdoin College. I find, however, by referring to their Annual Announcement for 1860, sent me some time since, that they continue to say as heretofore, "*The candidates must have devoted three years to their professional stu-*

dies under the direction of a REGULAR *practitioner of medicine,*" and seem utterly unconscious, poor simple souls, that they are violating a law of the State! What astounding ignorance.

Will not "Hufeland" take compassion on these benighted people, and inform them, ere it be too late, that, according to the most approved lexicographers, "*where*" has no reference whatever to *place*, but applies wholly to *persons?* And will he not, too, furnish them a revised and corrected list of the professors and lecturers employed there? Very probably not one half of them were aware, previous to the appearance of "Hufeland's" article, that they had a Mr. "Chadwick" among them. MEDICUS.

November 15, 1859.

DEATH OF DR. PERRY.—We are pained to record the death of Dr. MARSHALL S. PERRY, of this city, which took place at his residence in Chauncy Street, at midnight, of the 18th inst., after a long and suffering illness. Dr. Perry for many years enjoyed one of the largest practices in Boston, and his death will be deeply lamented by a large circle of relatives and friends, as well as by his numerous patients. He was a native of Barre, Mass., and was about 54 years of age. His wife, who was a daughter of Dr. Stimson, of Dedham, died about two years since. A meeting of the Suffolk District Society was held to take suitable notice of the event, as will be seen below.

At a special meeting of the Suffolk District Medical Society, holden November 21, at 12, M., the following resolutions, prepared by Dr. John Ware, were unanimously adopted:—

The Fellows of the Massachusetts Medical Society for the District of Suffolk, having been informed of the death of their late associate, Dr. Marshall S. Perry, are desirous of recording a united expression of their regret for his loss, and of respect for his memory.

Resolved, therefore, that in the death of Dr. Perry, the medical profession has sustained the loss of one of its most eminent and valued members; a man esteemed alike for his qualifications as a physician, and for his honorable deportment in professional intercourse.

We have witnessed in the life of Dr. Perry a remarkable and instructive example of a distinguished position attained—in spite of many early obstacles—as the reward of his unwearied industry, his unflinching perseverance, and the conscientious devotion of his whole powers to the duties in which he was engaged.

We have recognized in him a happy union of those moral, intellectual and personal qualities which are necessary to the character of a good physician; qualities which inspire at once respect, confidence and affection, and which have secured to him an amount of public esteem and personal regard which few are permitted to enjoy.

We tender to his afflicted family, and to the large circle of families who looked to him with so just a reliance as their friend and adviser, this expression of our appreciation of his character, and of our cordial sympathy with them in the loss they have sustained.

A. A. GOULD, M.D., *President*. C. D. HOMANS, M.D., *Secretary*.

HEALTH OF THE CITY.—Of the 69 deaths last week, 31 were of males and 38 females; 27 being of subjects under 5 years of age, 9 between 5 and 20, 13 between 20 and 40, 12 between 40 and 60, and 8 above 60. The deaths by consumption were of 6 males and 11 females; by smallpox, 3 males (aged 8, 9 and 22 months) and 1 female of 50 years. There were 3 deaths by cancer, all of females, 2 being of the uterus and 1 of the breast. The deaths by "unknown diseases" were all females, aged 4 and 10 months, and 6 and 35 years. The number of deaths for the corresponding week of 1858 was 72, of which 16 were from consumption, 8 from pneumonia, 3 from casualties, 4 unknown, 0 from smallpox and 0 from cancer.

THE NURSERY AND CHILD'S HOSPITAL.—This praiseworthy institution, we are solicited to state, is in most pressing need of funds. At no time since its commencement has it been more needed as a city charity. In the five years of its existence nearly 1,000 women and 2,000 children have been received. A large building, costing $35,000, has been erected and paid for. But a debt has been incurred for current expenses, which must be paid at once, and provisions and fuel supplied for the coming winter. The Lady Managers appeal for aid to the public in the name of those young, helpless and speechless sufferers confided to their care. Donations or subscriptions will be most gratefully received by either of the managers, or at the office of Cornelius Du Bois, Esq., No. 37 Water Street.—*New York Times.*

NEW YORK COUNTY MEDICAL SOCIETY.—At the annual meeting of the members of the New York County Medical Society, the following gentlemen were elected officers for the ensuing year: *President*, Dr. Oliver White; *Vice President*, Dr. H. D. Bulkley; *Corresponding Secretary*, Dr. S. A. Purdy; *Recording Secretary*, Dr. H. S. Downes; *Censors*, Drs. Hubbard, Finnell, J. O. Smith, Woodward, Underhill.—*Ibid.*

NEW DISCOVERY.—Mr. R. Smith, chemist, of Blackford, has of late discovered a process for converting the brown sugar of lead into the white acetate of lead. The process is said to be easily managed, and it may be anticipated that this process will be of great advantage to manufacturers, calico-printers, and others. Nor is this all. There are two new compounds formed during the process of great interest. The one is a beautiful scarlet-colored pigment, and the other is a yellow. These colors are well adapted for all kinds of oil painting, water coloring, and paper painting. We have had an opportunity of seeing the colors, and in our opinion they are very fine. The scarlet is equal to vermilion, while the price of it will not exceed the one-third of that substance.—*Stirling* (*Scot.*) *Journal.*

Sir **JAMES CLARKE**, the eminent London physician, has just retired from his office of personal physician in daily attendance on the Queen. He has had charge of the health of the Queen for twenty-seven years, since her girlhood. Advanced age and ill-health are the reasons for the retirement.

THE assertion, copied into this JOURNAL a few weeks since, respecting the entire non-use of mercury by Mr. Syme, of Edinburgh, is contradicted in a late number of the *Lancet.*

PHYSICIANS' ACCOUNT BOOK.—As every practising physician finds it necessary to make use of some kind of Account Book, and as the present is the season of the year when one is most frequently wanted, we refer the reader to the advertisement of a very convenient kind, which has for several years past been kept on sale at the Journal Office, and has met with very general approval among the many who have used it.

MARRIED,—At Cambridge, Dr. J. W. Bemis, of Charlestown, to Miss Lucy C. Wyeth, of Cambridge.

Deaths in Boston for the week ending Saturday noon, November 19th, 69. Males, 31—Females, 38.—Accident, 4—inflammation of the brain, 2—disease of the brain, 1—cancer, 3—consumption, 17—convulsions, 1—cholera infantum, 1—croup, 4—dropsy, 2—dropsy in the head, 3—infantile disease, 1—puerperal disease, 1—scarlet fever, 1—typhoid fever, 2—disease of the heart, 2—inflammation of the lungs, 6—marasmus, 1—palsy, 2—sciatica, 1—disease of the spine, 1—smallpox, 4—sore throat, 2—syphilis, 1—retention of urine, 1—unknown, 4—whooping cough, 1.

Under 5 years, 27—between 5 and 20 years, 9—between 20 and 40 years, 13—between 40 and 60 years, 12—above 60 years, 8. Born in the United States, 47—Ireland, 18—other places, 4.